



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	The Birches
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	08 February 2024
Centre ID:	OSV-0004910
Fieldwork ID:	MON-0033371

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre provides 24-hour, full-time residential support for adults over 18 years with intellectual disability, including people who may also have mental health issues, behaviour that challenges and complex health needs. The centre can accommodate up to six male and female residents. As part of a de-congregation plan, the service is closed to any further admissions apart from residents who may be currently residing on the campus. The centre consists of three bungalows in a campus setting on the outskirts of a rural town. All residents in the centre have their own bedrooms, suitable communal space and access to garden areas. Residents have access to transport based on their assessed need. Residents are supported by a staff team that includes nursing staff, team leaders, social care workers and care assistants. Staff are based in the centre when residents are present and waking night staff support is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 8 February 2024	10:05hrs to 17:55hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met, and spoke with, the residents who lived in there. The inspector also met with the person in charge, and area manager and staff on duty, and viewed a range of documentation and processes. Furthermore, the inspector read questionnaires that had been completed by residents in advance of the inspection.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the autonomy and independence of residents.

The inspector met with all five residents who lived in the centre at the time, some of whom were happy to discuss their lives there. On arrival at the centre, a resident welcomed the inspector and then made a cup of coffee in the kitchen for the inspector. All residents knew that the inspection was taking place and the purpose of it. One resident was clear about the time that would best suit them for the inspector to call and this was accommodated in line with the resident's preference. A resident told the inspector that they enjoyed living in the centre and were comfortable and happy there. They also said that they enjoyed their meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them. They also said that they often went out to the town for a meal, coffee or refreshments and that they enjoyed this. On the day of inspection one resident was going out for a meal at lunchtime.

One resident had completed a questionnaire about life in the centre. This questionnaire indicated a high level of satisfaction with the service, and recorded that they were very happy living in the centre, that they were taking part in activities that they enjoyed, and that they would tell staff if there was something they were not happy about.

The centre consisted of three houses and could provide full time residential accommodation for up to six adults. The houses were located close to each other on a campus setting. This centre was centrally located within walking distance of a rural town, which gave residents good access to a wide range of facilities and amenities. The house was comfortably furnished, and rooms were personalised.

As there were three houses in the centre, two residents lived alone with staff support in individualised houses, and these residents preferred these living arrangements. The other three residents shared a house. There was plenty of

communal space, which allowed residents the choice to sit together in the main sitting room or to spend quiet time or do individual activities in other rooms. Each resident also had their own bedroom. It was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. Residents knew who was in charge in the centre, and told the inspector that they would raise any concerns with staff and or the person in charge.

There were good resources in place to support residents to access activities of their choice. Each house in the centre had dedicated transport for the resident or residents who lived there, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents. While this inspection identified a good level of personalised care and social support for residents, there were some areas for improvement related to documentation, which will be discussed in the next sections of this report.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support were delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the residents who lived there. However, some minor improvement to the annual review and to an operational policy was required.

There was a clear organisational structure in place to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was present in the centre daily, and worked closely with staff and with the wider management team. The person in charge's role was dedicated to the management of this centre. While the person in charge was new to her role, she was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was very involved in the running of the service and that the residents knew her. There were clear arrangements in place to support staff and to access the support of senior managers when the person in charge was not on duty.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. An audit schedule was in place for 2024, and auditing had commenced in line with this plan. Unannounced audits of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified

actions had been addressed as planned. Findings from audits, reviews and reports formed a quality improvement plan which was being addressed and frequently updated. A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed, and gave rise to an improvement plan with realistic time frames for completion. However, although it was clear during the inspection that residents had a voice in the running of the centre, the annual review did not reflect this consultation with residents as required by the regulations. The provider had a clear process for management of complaints should this be required. This included a policy and procedure, training, & access to nominated complaints officers. However, there was no guidance available to staff on the process for recording complaints or who was responsible for this.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of a suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, appropriate insurance cover, and a range of healthcare services, including speech and language therapy, physiotherapy, and behaviour support staff to support residents as required. Adequate levels of suitably trained staff were also available to support residents with both their leisure and healthcare needs.

Staff had received training relevant to their roles, such as training in eating, drinking and swallowing, infection control and hand hygiene, in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. All the operational policies required by the regulations were available to guide staff, although minor improvement to two policies was required.

Records required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning files, directory of residents, audits, medication records and residents' service agreements. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role was suitably qualified and experienced. The person in charge was based in the centre

and was knowledgeable of the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

This regulation was not examined in full at this inspection, although a wide range of documentation and records were viewed throughout the inspection. The sample of records viewed were maintained in a clear and orderly fashion, and were up to date.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents who lived there. However, while, an annual review of the service had been carried out on behalf of the provider, this review did not provide for consultation with residents as required by the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which accurately described the service to be provided, and was being reviewed annually. However, there was some minor adjustment required to the statement of purpose to meet all the requirement of the regulations and these were promptly addressed by the management team.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers involved with residents in the centre. The provider did not use volunteers in their services.

Judgment: Compliant

Regulation 34: Complaints procedure

Although there had been no complaints made in the centre, the provider had good arrangements in place for the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Overall, the policies required by schedule 5 of the regulations were available to guide staff and were up to date. There was one policy which was at an advanced stage of review and was due to be circulated to staff in the coming weeks. However, the procedure to guide staff on the recording of complaints was not documented in the complaints policy or other guidance document.

Judgment: Substantially compliant

Quality and safety

The provider had good measures in place in this centre to ensure that the wellbeing and health of residents was promoted and that residents were kept safe. The management team and staff were very focused on maximising the healthcare, community involvement and general welfare of residents who lived there. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

The centre consisted of three, detached purpose-built bungalows in a campus-based setting on the outskirts of a rural town. The location of the centre enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. The centre had dedicated transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, arts and crafts and keeping in touch with family and friends. The residents liked going out for walks and drives in the local area. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference.

The inspector found that the centre was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived

there. The centre was kept in a clean and hygienic condition, and was well maintained. To improve the overall comfort and community involvement for residents, residents were moving from this accommodation to community based houses on a phased basis, and clear plans were in place to enable residents to make this transition comfortably.

The person in charge and staff were very focused on ensuring that residents' general welfare, social and leisure interests, and community involvement were being supported. Residents could take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. There were flexible arrangements around residents' attendance at day service activities. Residents could choose to attend this service daily, on their preferred days only, or to receive a home-based service in the centre.

Family contact and involvement was seen as an important aspect of the service. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places.

Information was supplied to residents through interaction with staff, easy-to-read documents, and information sharing at residents' meetings. There was also a written guide for residents which contained relevant information about the service.

The provider had ensured that residents had access to medical and healthcare services to ensure their best possible health. Nursing staff were based in the centre, and were involved in the ongoing assessment of residents' health needs. Residents had access to general practitioners and attended annual health checks. Additional professional services and medical specialist consultations were arranged as required, and residents were supported to attend national health screen programmes. Safe practices were also in place for the management of residents' medicines and risk assessments had also been carried out to assess residents' capacity to manage their own medication.

Residents' nutritional needs were well met. Suitable foods were made available to meet residents' assessed needs and preferences. Each resident could choose what they liked to eat each day, and could take part in grocery shopping and food preparation if they chose to. The inspector saw that wholesome meals were being prepared in the centre on the day of inspection.

There were good measures in place to safeguard residents from harm. These included an up-to-date policy, safeguarding training for staff, access to a designated safeguarding officer, and the development of intimate care plans for each resident.

Overall, the provider had suitable measures in place for the support residents to manage their behaviour if required. These included training for all staff, development of suitable support plans, clear protocols for the use of restrictive interventions, access to behaviour support and psychology service, and an up-to-date policy to guide practice. However, the recording of rationale for occasional use of as required medication for behaviour support was not consistently recorded in

sufficient detail to demonstrate if the process was managed in line with approved protocols, and to clearly record that the least restrictive interventions were being used.

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and were supported to meet with family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Resident was supported to take part in a range of social and developmental activities at the centre, at day services and in the local community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the resident. The centre was well maintained, clean and comfortably decorated.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, how to make complaints, meal plans and local events and activities. There was also an informative and user friendly residents' guide available to residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals was arranged as required, and residents who were eligible for national screening programmes were also supported to attend these as they wished. Plans of care for good health had been developed for residents based on each person's assessed needs. The sample of care plans viewed were clear and informative.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, the provider had suitable measures in place for the support residents to manage their behaviour if required. These included training for all staff, development of support plans, access to suitable healthcare professionals and an up-to-date policy to guide practice. The use of restrictive interventions were being recorded. However, the recording of rationale for occasional use of as required medication for behaviour support was not consistently recorded in sufficient detail to demonstrate if the process was managed in line with approved protocols and that

least restrictive interventions were being used.

Judgment: Substantially compliant

Regulation 8: Protection

There were good measures in place to safeguard residents from harm.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Birches OSV-0004910

Inspection ID: MON-0033371

Date of inspection: 08/02/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23(1)(e): The registered provider will ensure that all annual reports will demonstrate consultation with the residents of The Birches service. A memo has been sent to all PIC's in the organisation Mayo Community living to reiterate to them their requirements when completing annual reviews of the service by 29/02/24</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Regulation 04(3): The registered provider will ensure that all policies are reviewed within the correct time frames and in line with best practice by 30/05/2024</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Regulation 07(4): The registered provider will ensure that where PRN medications which are deemed restrictive practices are administered, this will be clearly recorded in the resident's individual notes, demonstrating that the least restrictive approach has been used and PRN is not the 1st line of action when supporting residents with behaviours of concern. The registered provider will amend the flow chart on PRN administration to clearly guide staff. This will also be discussed with staff teams in The Birches. The Clinical Nurse specialist will advise and coach staff on supporting residents who have behaviours of concern. By 30/04/2024</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	29/02/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/05/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical,	Substantially Compliant	Yellow	30/04/2024

	chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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